



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Richard Wright Date of Request: 6 June 05
 ID # 187140 Date of Birth: 15 Aug 67 Location: 9-B-5c9 # 904
 Nature of problem or request: Popping and stiffness in joints,
~~cannot headaches~~, need refill for Acne medication
Follow-up treatment, Headache's and blurred
Vision.

Richard W Wright Jr.
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/6/05
 Time: 7:10 AM PM
 Allergies: Tylenol, TB Thio-lact

<p>RECEIVED</p> <p>Date: <u>6-6-05</u></p> <p>Time: <u>9:15</u></p> <p>Receiving Nurse Initials: <u>DS</u></p>
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(S)ubjective: Pain and stiffness in joints in wrists, and
elbow and hips. Headaches often, and I need my acne
medication renewed.

(O)bjective (V/S): T: 97.8 P: 72 R: 18 BP: 126/92 WT: 171 #
PM alert & oriented x3. Requests refill of acne medication. C/o
pain and stiffness to joints.

(A)ssessment: attraction in comfort.

(P)lan: Go HCU on Tuesday 6-7-05 at 8:00 am for
an appointment with Dr Rayapati

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

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[Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard W Wright, Sr. Date of Request: May 12, 2005
 ID # 187140 Date of Birth: Aug 15, 1961 Location: 9-B (seg)
 Nature of problem or request: I was advised by the dental examiner to sign up for a dental appointment, would you assign me an appointment. I need to see the doctor concerning frequent head ache, blurred vision, popping and stiffness in joints, razor bumps and skin irritation in beard area. Richard W. Wright Sr.
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/12/05
 Time: 1635 AM PM
 Allergies: T.B. skin test Tylenol

RECEIVED Date: <u>5-12-05</u> Time: <u>12:30</u> Receiving Nurse Initials: <u>DS</u>
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(S)ubjective: "I need to see the doctor bad"

(O)bjective (V/S): T: 97.8 P: 82 R: 24 BP: 138/80 WT: 176
of painful joints, headaches, request out for shave bumps has current profile for shaving, currently on doctor list, raised area on neck, face, chin
 (A)ssessment: comfort but all

(P)lan: See Dr. Kaypat
5-16-05 @ 8:00 am

(E) continue current profiles & meds

Refer to: ☒ MD/PA ☐ Mental Health ☐ Dental ☐ Daily Treatment ☐ Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

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[Signature]
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

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PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Richard W Wright Sr. Date of Request: May 1, 2005
 ID # 187140 Date of Birth: 15 Aug 67 Location: 9-B (Seq.)
 Nature of problem or request: Requested chest x-ray after having (4) T.B. Skin test resulting in out break of sores, Blured Vision at Unusual times, unexplained head aches, over 20 pound of weight lose and popping and aching in joints and dry coughs.
Richard W. Wright, Sr.
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/2/05
 Time: 4:13 AM ☒ PM
 Allergies: Tylenol

RECEIVED
Date: <u>5-2-05</u>
Time: <u>12:30</u>
Receiving Nurse Initials: <u>DS</u>

I need a profile for master lock.
 (S)ubjective: I'm still having blurred vision & headache. The doctor gave me something for a cough and it went away but now it's back. ^{my} face.
 I need refill for benzoyl peroxide because of the bump on ^{my} face.
 (O)bjective (V/S): T: 99.4 P: 62 R: 16 BP: 128/82 WT: 178
 O2 97% Sat resp even no distress noted
 Skin w/d intact face not red or swollen lungs clear bilaterally
 (A)ssessment: alter in comfort no cough noted @ this time

(P)lan: to see Dr. Rayapati on 5-5-05 @ 800AM
 E keep appointment as schedule
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Refer to: ☒ MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐
 If Emergency was PHS supervisor notified: Yes ☐ No ☐
 Was MD/PA on call notified: Yes ☐ No ☐

Richard W Wright Sr

R

S Thompson

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard Wayne Wright, Sr. Date of Request: May 1, 2005

ID # 187140 Date of Birth: 15 Aug 67 Location: 9-B (Seg.)

Nature of problem or request: Did the prescribed glasses arrived here From Bullock? IF not, would some one inform me of the procedure I must Follow in order to receive the glasses and could I get a profile For a master lock due to blurred vision. Could I get a refill For the Ache medication (Benzoyl Peroxide lotion) Richard W. Wright, Sr.

Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED	
Date: <u>5-2-05</u>	
Time: <u>12:30</u>	
Receiving Nurse Initials <u>DD</u>	

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

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Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Print Name: Richard W Wright, Sr. Date of Request: April 28, 2005
ID # 187140 Date of Birth: 15 Aug 67 Location: 9B (seg)
Nature of problem or request: Requested chest x-ray after having
(4)(T.B) skin test resulting in outbreak of sores, blurred
vision at unusual times, unexplained headaches, over 20 pounds
of weight lost and popping and aching in joints and
dry coughs. Richard W. Wright, Sr.
Signature

GLF-1002 (1/4)

Print Name: Richard Wayne Wright, Sr. Date of Request: 28 April 05
ID # 187140 Date of Birth: 15 Aug 67 Location: 9-B (Scgi)
Nature of problem or request: Did the prescribed glasses arrived here from Bullock? IF, not would some one inform me of the procedure I must Follow in order to receive the glasses and could I get a profile for a master lock due to blurred vision. Could I get a refill for the acne medi-
Richard W. Wright, Sr.
cation (Benzoyl Peroxide lotion) Signature
DO NOT WRITE BELOW THIS LINE

RECEIVED
Date: 4-29-05
Time: 9:00
Receiving Nurse Initials: DS

(O)bjective **(V/S): T:** _____ **P:** _____ **R:** _____ **BP:** _____ **WT:** _____

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If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

GLF-1002 (1/4)



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard W Wright Date of Request: April 26, 2005
ID # 187140 Date of Birth: Aug 15, 1967 Location: 9B (Seg)
Nature of problem or request: Requested chest x-ray after having (4) T.B. skin test resulting in out break of sores, blurred vision at unusual times, unexplained head aches, over 20 pound of weight lost and popping and aching in joints and dry coughs.
Richard W. Wright Sr.
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: <u>4-27-05</u>
Time: <u>12:30</u>
Receiving Nurse Initials <u>DS</u>

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

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(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Print Name: Richard W Wright Jr Date of Request: April 26, 2005
ID # 187140 Date of Birth: 15 Aug 67 Location: 9B (Seg)
Nature of problem or request: Did the prescribed glasses arrived
here From Bullock? IF not, would someone inform me of the
procedure I must follow in order to receive the glasses and
could I get a profile for a master lock, due to blurred vision.
Could I get a refill for the Acne Richard W Wright Jr.
Medication (Benzoyl Peroxide Lotion) *Signature*
DO NOT WRITE BELOW THIS LINE

RECEIVED
Date: 4-22-05
Time: 12:30
Receiving Nurse Initials: DS

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

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If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard W Wright Sr. Date of Request: 20 Mar 2005
 ID # 187140 Date of Birth: 15 Aug 67 Location: Seg. 7 DORM
 Nature of problem or request: I would like to know the finding concerning the injuries I suffered in my head at bullock, could I get some medication for head aches. Could I get another prescription for face rash due to shaving.

Richard W Wright Sr.
Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/21/05
 Time: 1920 AM RM
 Allergies: Tylenol, TB skin test

RECEIVED
Date: <u>3-21-05</u>
Time: <u>12:00</u>
Receiving Nurse Initials: <u>DS</u>

Handwritten: Paul
3/23/05

(S)ubjective: "I need something for headache and share proper bump cream"

(O)bjective (V/S): T: 98'6 P: 51 R: 20 BP: 110/80 WT: 170
rash - raised areas under chin and on jaw line
no drainage noted
headache c/p injury to head in Bullock Co, 1/2 headache @ time
 (A)ssessment: skin integ / contact dermatitis

(P)lan: see ms Floyd CRN
3-23-05 8:00 am
MD/PA 8:00 am
1/2 ms Floyd CRN
PTD 5 days
refills

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Refer to: (MD/PA) Mental Health Dental Daily Treatment Return to Clinic PRN

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

J. Mark
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Richard W Wright Date of Request: 2 MAR 05
 ID # 187140 Date of Birth: 15 Aug 67 Location: 19 Cell (Seq)
 Nature of problem or request: Cream for Shaving rash and
SAVING profile X-MAY For T.B. exposure

Richard W Wright Sr.
Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/3/05
 Time: AM PM
 Allergies: NKA

<p>RECEIVED</p> <p>Date: <u>3/3/05</u></p> <p>Time: <u>0600</u></p> <p>Receiving Nurse Initials <u>SK</u></p>

(S)ubjectives "nurse I have a rash under my chin I need the doctor to look at it, and I need my shaving profile renewed"

(O)bjective BP 110/70 P- 78 R- 16

(A)ssessment: alteration in comfort

(P)lan: see mp

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes ()

Was MD/PA on call notified: Yes ()

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Shelia Rogers RN

SIGNATURE AND TITLE

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